

**CHAPTER 19. FINANCIAL EXAMINATIONS MONITORING SYSTEM**  
**SUBCHAPTER 3. DATA SUBMISSION REQUIREMENTS FOR ALL LICENSED PRODUCERS WITH**  
**SURPLUS LINES AUTHORITY AND ELIGIBLE SURPLUS LINES INSURERS**

11:19-3.1 Purpose and scope

(a) The purpose of this subchapter is to set forth the filing and reporting requirements and procedures for the submission/maintaining of:

1. All eligible surplus lines insurers' quarterly net written premiums for the State of New Jersey; and
2. Tax and surcharge filings for all licensed surplus lines producers.

(b) These rules apply to all licensed producers with surplus lines authority and all insurers eligible to transact surplus lines insurance business in New Jersey in accordance with N.J.S.A. 17:22-6.40 et seq. and 17:22-6.70 et seq.

11:19-3.2 Definitions

The following words and terms, as used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise:

"Alien insurer" means an insurer formed under the laws of any country other than the United States of America, its states, districts, territories, commonwealths or possessions.

"Commissioner" means the Commissioner of the New Jersey Department of Banking and Insurance.

"Department" means the Department of Banking and Insurance.

"Due date" means a date prior to or on which a submission shall be received by the Department.

"Foreign insurer" means an insurer formed under the laws of a jurisdiction of the United States of America, other than the State of New Jersey.

"Insurer" or "insurance company" means an entity authorized or eligible to transact the business of insurance in New Jersey.

"ISI Number" means the nine digit identifying number issued by the NAIC to uniquely identify an "alien insurer."

"NAIC" means the National Association of Insurance Commissioners.

"NAIC number" means the five digit number assigned by the NAIC to uniquely identify a foreign or admitted insurer.

"Net written premiums" means direct gross premiums on insurance policies written by a surplus lines insurer less return premiums thereon. If a policy issued by a surplus lines insurer covers risks or exposures only partially located in this State, the "net written premiums" do not include premiums on the risks or exposures outside of the State.

"SLPS" means the Surplus Lines Processing Subsystem, which assists the Department in monitoring the activities of licensees which sell surplus lines insurance to New Jersey residents and matches quarterly agent tax data to quarterly company policy data.

"Surplus lines insurer" means an unauthorized insurer eligible to transact surplus lines insurance business in this State, in which an insurance coverage is placed or may be placed pursuant to N.J.S.A. 17:22-6.40 et seq.

"Transaction number" means the 14-character number made up of the producer's surplus line agent number (assigned by the Department), the year of the placements, and a sequential number (maintained by the agent).

#### 11:19-3.3 General requirements

(a) All eligible surplus lines insurers qualified to transact business in New Jersey shall maintain quarterly reports of the information required by this subchapter for inspection by the Department upon request beginning May 15, 2001. Each report on an insurer's net written premiums for the State of New Jersey shall be available for inspection 45 days after the end of the calendar quarter.

(b) All licensed surplus lines producers shall, on or before the end of the month following each calendar quarter, remit premium taxes and surcharges in accordance with the Appendix to this subchapter. The due dates for these filings are as follows: May 15, August 14, November 14 and February 14.

#### 11:19-3.4 SLPS subsystem requirements for all surplus lines insurers

(a) All eligible surplus lines insurers shall prepare and maintain a report listing net written premiums for all insurance covering a subject of insurance which is resident, located, or to be performed in New Jersey. Surplus lines insurers which write no business during a calendar quarter shall prepare and maintain a signed affidavit attesting that no business was written for the quarter.

(b) An insurer's quarterly report shall list for each policy, the named insured, the transaction number, the producer's name and address, the policy number, the total net written premium amount, and the effective and expiration dates. Insurers shall combine all activity on the policy during the quarter and report only the policy's net written premiums for that quarter in conjunction with the transaction number assigned by the New Jersey surplus lines agent. If the policy is a non-New Jersey multi-state risk with incidental exposures in New Jersey, the insurer should use the default number, 99999-99-99999.

#### 11:19-3.5 SLPS subchapter filing requirements for all licensed producers with surplus lines authority

(a) All licensed producers with surplus lines authority shall assign a transaction number to each new or renewal policy he or she places. All subsequent endorsements shall be identified by the same transaction number. All surplus lines producers shall provide surplus lines insurers with the appropriate transaction number for each new, renewal, additional or return premium policy or endorsement, including adjustments for policies prior to July 1, 1993.

(b) All licensed surplus lines producers shall file with the Department or other authority as required a quarterly tax return in the form set forth in Appendix B to this subchapter.

(c) A complete New Jersey surplus lines producer quarterly tax returns consists of the following forms.

1. SLPS-1-TAX (Tax Return and Certified Account by Surplus Lines Producer);
2. SLPS-2-FRA, if applicable (Schedule showing Fire Premiums and Taxes Payable to New Jersey Firemen's Relief Association); and
3. SLPS-3-TRS (Schedule to Support Tax Returns).

#### 11:19-3.6 (Reserved)

#### 11:19-3.7 Penalties

(a) Failure to comply with the provisions of this subchapter shall subject an eligible surplus lines insurer to penalties as provided in N.J.S.A. 17:22- 6.61.

(b) Failure to comply with the provisions of this subchapter shall subject a licensed producer with surplus lines authority to penalties as provided in N.J.S.A. 17:22-6.61 and 17:22A-17.

## APPENDIX

### Instructions for Completing Licensed New Jersey Surplus Lines Producer Quarterly Tax Return

#### Introduction

Effective with the adoption of N.J.A.C. 11:19-3 et seq., the Surplus Lines Unit automated its operations through the implementation of the Surplus Lines Processing Subsystem (SLPS) of the Department of Insurance's Financial Examinations Monitoring System (FEMS). The system was designed to simplify activities for both the Surplus Lines Unit and you, the Surplus Lines Producer. However, the success of this system is dependent on full compliance and cooperation from you and your agency. Failure to cooperate will diminish the system's effectiveness and result in additional work for both parties. Before any forms can be completed, you must fully understand the five basic rules involved in filing a surplus lines producer quarterly tax return. They are listed as follows:

Rule # 1-- YOU MUST READ AND FOLLOW THE INSTRUCTIONS EXACTLY AS THEY ARE EXPLAINED!

Rule # 2-- YOU MUST COMPLETE EVERY LINE ON THE TAX RETURN AS INSTRUCTED!

Rule # 3-- YOU MUST COMPLETE AND INCLUDE EVERY FORM AS INSTRUCTED WITH EACH QUARTERLY FILING!

Rule # 4-- YOU MUST PUT THE TAX RETURN FORMS IN THE REQUIRED ORDER!

Failure to comply with any of these rules will result in non-filer status for you and your agency. Your tax return will be sent back to you and the Surplus Lines Unit will have no record of receiving it. If it has to be returned, your resubmission will be subject to the penalties of a late filing. IF YOU HAVE ANY QUESTIONS, PLEASE CALL ONE OF THE EXAMINERS AT THE SURPLUS LINES EXAMINING OFFICE! If you need personal assistance, you may also schedule an appointment to meet with an examiner in the Trenton Office. We are here to help you so feel free to call us at (609) 777-0498.

#### Completing the Tax Return

A complete New Jersey Surplus Lines Producer Quarterly Tax Return consists of the following forms:

1. Check Transmittal Form
2. SLPS-1-TAX (Tax Return and Certified Account By Surplus Lines Producer)
3. SLPS-2-FRA (Schedule Showing Fire premiums and Taxes Payable to New Jersey Firemen's Relief Association)
4. SLPS-3-TRS (Schedule to Support Tax Returns)

THESE FORMS MUST BE STAPLED TOGETHER OR OTHERWISE ATTACHED AND FILED IN THE ORDER LISTED ABOVE! For example, the Check Transmittal Form will always be the top form in the tax return filing. SLPS-1-TAX will always be the second, and so on.

Forms must be completed as necessary to support the Tax Return and Certified Account by the Surplus Lines

Producer. For example, if a surplus lines producer does not place any Fire business, then that producer does not need to complete SLPS-2-FRA. It is important to note that no line item should be left blank. If there is an item that is not applicable, you must enter either "0" for a numeric entry, or "N/A" for an alpha entry. Always make sure that you check each form carefully to determine that all lines are completed as required. Additionally, return (negative) premiums should always be shown using parentheses. Also, all monetary figures must be reported to the cent. Rounding is not permitted.

It is suggested that you use these instructions as a checklist until completely familiar with the requirements of each of the three (3) forms.

- I. SLPS-1-TAX (Tax Return and Certified Account By Surplus Lines Producer)  
--THIS FORM IS NOT REQUIRED IF NO BUSINESS IS PRODUCED!
- [ ] Print your assigned SLA number in the five boxes provided in the upper left corner of the form. Lead zeros must be printed in the boxes not used, i.e. SLA # 003 would now be shown as 00003, SLA # 125A would now be shown as 0125A. EVERY BOX MUST CONTAIN A CHARACTER!
- [ ] Indicate the quarter and year of the tax return by circling the appropriate number to designate the calendar quarter and inserting the last 2 digits of the year as shown at the top of the form.
- [ ] Provide the name under which you do business on Line 1 of the form. This should be the agency name for an organization's tax return; your name(as it appears on your license) for an individual tax return.
- [ ] Provide the location of your principal place of business on Line 2 of the form. This address must be a New Jersey location and the Surplus Lines Examining Office should be able to contact you by phone and by mail at this address.
- [ ] Provide the phone number for the organization or a number where you may be contacted during the day on Line 3 of the form. For organizations, this phone number should be the number listed for the address given on Line 2.
- [ ] Provide the total taxable Fire premiums written for the quarter on Line 5 of the form. This should include 999 Fire, if any. On property policies, only the portion of the premium allocable to Fire should be included on this line. If no Fire premiums are written, then enter a "0" on this line.
- [ ] Multiply the total taxable Fire premiums entered on Line 5 by three percent (3%), and enter this amount on Line 6 of the form. Again, if no Fire premiums are written, enter a "0" on Line 6.
- [ ] Provide the amount of credit applicable (if any) to the 3% FRA Tax on Line 7 of the form. If none, enter a "0" on Line 7 of the form.
- [ ] Subtract the amount shown on Line 7 from the amount shown on Line 6 and enter the result on Line 8 of the form.
- [ ] Provide the total taxable "All Other" premiums written for the quarter on Line 9 of the form. Simply stated, "All Other" premiums include any premiums that are not Fire premiums (e.g. Allied Lines and Casualty premiums are "All Other"). If no other "All Other" premiums are produced, then enter a "0" on Line 9.
- [ ] Multiply the total taxable "All Other" premiums entered on Line 9 by three percent (3%), and enter this amount on Line 10 of the form. Again, if no "All Other" premiums are written, enter a "0" on Line 10.
- [ ] Provide the amount of credit applicable (if any) to the 3% State Tax on Line 11 of the form.
- [ ] Subtract the amount shown on Line 11 from the amount shown on Line 10 and enter the result on Line 12 of the form.
- [ ] Provide the total non-taxable Fire premiums written on Line 13 of the form. Total non-taxable Fire premiums DOES NOT INCLUDE 999 FIRE! Non-coded Fire premiums are included in taxable Fire premiums. If no non-taxable Fire premiums are written, then enter a "0" on Line 13.
- [ ] Provide the total non-taxable "All Other" premiums written on Line 14 of the form. If no non-taxable "All Other" premiums are written, then

- entera "0" on Line 14.
- [ ] Add the total non-taxable Fire premiums entered on Line 13 to the total non-taxable "All Other" premiums entered on Line 14 and insert this amount on Line 15 of the form.
- [ ] Type or print your name and title, and sign and date the form on the lines provided at the bottom.
- [ ] Draw a check, made payable to the "New Jersey Firemen's Association for the amount shown on Line 8 of the form. This check should be forwarded to the New Jersey Firemen's Association (see section II--SLPS-2-FRA). Attach a copy of this check to your completed tax return that will be sent to the Surplus Lines Examining Office as detailed under the "Introduction" section.
- [ ] Draw a second check, made payable to the "State of New Jersey", for the amount shown on Line 12 of the form. This check will be attached to your completed tax return and sent to the Surplus Lines Examining Office as detailed in the "Introduction" section.
- II. SLPS-2-FRA--(Schedule Showing Fire Premiums and Taxes Payable to New Jersey Firemen's Association)  
--THIS FORM IS NOT REQUIRED IF FIRE PREMIUMS ARE WRITTEN AND/OR NO BUSINESS IS PRODUCED!
- Print your assigned SLA number in the five boxes provided in the upper left corner of the form. Remember, lead zeros must be used, and all boxes must contain a digit or character.
  - Indicate the quarter and year of the tax return by circling the appropriate number to designate the calendar quarter and inserting the last 2 digits of the year as shown under the SLA number.
  - Provide the name under which you do business on the line provided. This should be the same as the name listed on Line 1 of SLPS-1-TAX.
  - Enter the page number and the total number of SLPS-2-FRA pages in the appropriate lines at the upper right corner of the form.
  - Provide the three digit ISO code number for the municipality that corresponds with the location of the risk and enter it in the column marked "ISO Code." The ISO code can be found by using the list included with these instructions. If the municipality does not have an assigned five digit code, the "999" code should be used.
- [ ] Enter the municipality or appropriate fire district in the column marked "Location of Risk".
- [ ] Enter the zip code of the location in the column marked "Zip Code".
- [ ] Provide the Fire premium amount for the policy and enter it in the column marked "Premium". For property policies, include in this column only the portion of the premium allocable to Fire. YOU MUST USE PARENTHESES AROUND A NUMBER TO INDICATE A RETURN PREMIUM! Do NOT use a minus ( - ) sign! e.g. use (\$123.00) instead of -\$123.00.
- [ ] Multiply the amount in the Premium column by three percent (3%) and enter this amount in the column marked "FRA Tax".
- [ ] Repeat the above steps each individual placement where Fire premiums are written. If you need additional space, use extra SLPS-2-FRA sheets and number them consecutively as necessary. Keep a cumulative total in the total boxes at the bottom right corner of the form.
- [ ] After verifying all entries, mail the completed form(s), along with a check made payable to the "New Jersey Firemen's Association" for the amount of three percent (3%) of the total Fire premiums (as shown on Line 6 of SLPS-1-TAX), to the New Jersey Firemen's Association, 50 Evergreen Place, East Orange, NJ 07018. Attach a copy of the form(s), together with a photocopy of your check, to the tax return that will be sent to the Surplus Lines Examining Office as detailed under the "Introduction" section.
- III. SLPS-3-TRS (Schedule to Support Tax Returns)  
--THIS FORM IS NOT REQUIRED IF NO BUSINESS IS PRODUCED!
- Print your assigned SLA number in the five boxes provided in the upper left corner of the form. Remember, lead zeros must be used, and

all boxes must contain a digit or character.

- Indicate the quarter and year of the tax return by circling the appropriate number to designate the calendar quarter and inserting the last 2 digits of the year.
- Provide the name under which you do business on the Line provided. This should be the same as the name listed on Line 1 of SLPS-1-TAX.
- Enter the page number and the total number of SLPS-3-TRS pages in the appropriate lines at the upper right corner of the form.
- Enter the transaction number assigned to the individual placement in the seven (7) boxes provided in Column 1 of the form. The first two digits of the transact number indicate the year in which the placement occurred, i.e., if the placement occurred in the year 1998, then the first two digits of the transaction number would be "98". The remaining five digits of the transaction number represent a sequential number, assigned by you, indicating the order in which the placement occurred during the calendar year. For example, the first placement of the year would be numbered 00001, the second placement would be 00002, and so on up to 99,999. EVERY BOX MUST CONTAIN A DIGIT! Remember to always use lead zeros when the sequential number is less than 5 digits. The system will NOT accept alpha suffixes to transaction numbers.
- Indicate the premium type code in Column 2 of the form. The premium type codes are "N" for new and renewal premiums; "A" for additional premiums; and "R" for return premiums. "N", "A" and "R" premiums must be listed on a separate page(s). Do NOT put "N", "A" and "R" premiums on the same page. YOU MUST USE A SEPARATE PAGE(S) FOR NEW AND RENEWAL, A SEPARATE PAGE(S) FOR ADDITIONAL, AND A SEPARATE PAGE(S) FOR RETURNS. "N", "A" and "R" coded pages must be listed in this order.
- Provide the name of the insured as shown on the policy in Column 3 of the form.
- Enter the policy number of the placement in the boxes provided in Column 4 of the form. Start with the first box on the left and use as many boxes as necessary. The policy number may be alphanumeric. It is important to enter the policy number exactly as it appears on the policy, including spaces. YOU MUST LEAVE A BLANK BOX ON THE FORM TO INDICATE A SPACE BETWEEN CHARACTERS! Always be sure to check for any errors.
- Enter the effective dates of the placement in Column 5 of the form, using a slash (/) between month, day, and year, which are 2 digits each. For example, April 5, 1993 would be entered as 04/05/93.
- Indicate the insurance company which issued the policy by entering its corresponding NAIC or ISI number in the boxes provided in Column 6 of the form. The NAIC number is five digits in length, and is used only by foreign insurance companies (those licensed in a U.S. jurisdiction).  
The ISI number (which is distinguished by its prefix, "AA") is nine characters in length, and is used only by alien (overseas) insurance companies. A list of each surplus lines insurer currently eligible in New Jersey and its respective NAIC//ISI number is included with these instructions. NOTE: When entering the five digit NAIC number, start at the left and use only the required amount of boxes. That is, enter the five digits in the first five boxes and leave the remaining boxes blank.
- Provide the Fire premium amount, if any, and enter it in the column marked "Fire" under Column 7 of the form.
- Enter the "All Other" premium amount, if any, in the column marked "All Other" under Column 7 of the form.
- Repeat the above steps for each individual placement or transaction. If you need additional space, use extra SLPS-3-TRS sheets and number them as necessary. Keep a cumulative total in the total boxes at the bottom right corner of the form, e.g., page 2 totals should be the page 1 totals plus page 2 totals; page 3 totals should be the page 1 totals plus page 2 plus page 3, etc. Carry the cumulative totals to

lines #5 and #9 on the SLPS-1-TAX form.

- If the premium is non-taxable, then enter a "Y" in the column marked "N/T." Otherwise, leave this column blank. As with new and renewal, additional, and return premiums, YOU MUST GROUP ALL NON-TAXABLE PREMIUMS ON A SEPARATE PAGE(S)! In other words, indicate the premium type code in Column 2 of the form. Remember, the codes are "N" for new and renewal premiums; "A" for additional premiums, and "R" for return premiums. Do NOT put "N", "A" and "R" premiums on the same page. YOU MUST USE A SEPARATE PAGE(S) FOR NEW AND RENEWAL, A SEPARATE PAGE(S) FOR ADDITIONAL, AND A SEPARATE PAGE(S) FOR RETURNS. "N", "A" and "R" coded non-taxable pages must be listed in this order.

- Repeat the above steps for each individual non-taxable placement of transaction. If you need additional space use extra SLPS-3-TRS sheets and number them as necessary. Again, as with taxable business, keep an cumulative total for non-taxable business in the total boxes at the bottom right corner of the form, e.g., the second page totals (non-taxable) should be the first page totals plus second page totals; the third page totals should be totals of the first three pages (non-taxable), etc. Carry the cumulative totals to lines #13 and #14 on the SLPS-TAX form.

#### Procedures for Filing the Tax Return

The three (3) forms with required copies, completed and attached together in the correct order, comprise a complete tax return filing. This package should be properly stapled together or secured with a rubber band. A complete, separate duplicate copy of this filing must also be included. This separate duplicate copy should also be properly stapled together or secured with a rubber band. The tax return is to be filed with the Surplus Lines Examining Office on or before the 45th day after the close of the calendar quarter. Therefore, they must be mailed on or before May 15, August 14, November 15 and February 14 for the first, second, third, and fourth calendar quarters, respectively.

If you have any questions on the instructions, or any questions pertaining to surplus lines, then you are encouraged to call the Surplus Lines Examining Office and/or any of the examiners at (609) 777-0498.

Thank you for taking the time to read these instructions and completing the forms accurately.

#### SLPS CHECK TRANSMITTAL

-----  
Attach Original Surplus Lines  
Tax Transmittal Check in  
This Space  
-----

-----  
Photocopy Your Check Payable  
To N.J. Firemen's Association (if any)  
in This Space  
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STATE OF NEW JERSEY  
DEPARTMENT OF INSURANCE  
THE SURPLUS LINES EXAMINING OFFICE  
30 West State Street, CN 315, Trenton, NJ 08625-0325

For Official Use Only

TAX RETURN AND CERTIFIED ACCOUNT BY SURPLUS LINES PRODUCER

SLA #      For the 1 2 3 4 Quarter, 19 \_\_\_\_  
(circle one)

To the Commissioner of Insurance of New Jersey:

1. Name of Surplus Lines Producer \_\_\_\_\_
2. I have a bona fide office in this State in which is kept a record of contracts of insurance countersigned or issued by me located at:  
(Street Address) \_\_\_\_\_ (City or Town) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_
3. Telephone # (\_\_\_\_) \_\_\_\_\_  
(area code)
4. Pursuant to N.J.S.A. 17:22 6.5b, there is submitted on the accompanying pages a verified report, in duplicate, of the surplus lines insurance transacted during the quarter circled above, a summary of which follows:

**TAXABLE NET PREMIUMS:**

- |  |             |
|--|-------------|
| 5. Total Taxable Fire Premiums   | \$ _____    |
| 6. Tax @ 3% (3% of Line 5)   | \$ _____    |
| 7. Prior Period Credit Applied (If Any)  | \$( _____ ) |
| 8. Amount Payable to the "New Jersey Firemen's Association"<br>(Line 6) - (Line 7) | \$ _____    |
| 9. Total Taxable All Other Premiums  | \$ _____    |
| 10. Tax @ 3% (3% of Line 9)  | \$ _____    |
| 11. Prior Period Credit Applied (If Any)   | \$( _____ ) |
| 12. Amount Payable to the "State of New Jersey"<br>(Line 10) - (Line 11)           | \$ _____    |

**NON-TAXABLE NET PREMIUMS**

(Insurance of risks of state, county, or municipal government or agency thereof)

- |   |          |
|---|----------|
| 13. Total Non-Taxable Fire Premiums                         | \$ _____ |
| 14. Total Non-Taxable All Other Premiums                    | \$ _____ |
| 15. Total Non-Taxable Net Premiums<br>(Line 13) + (Line 14) | \$ _____ |

I declare under penalties of perjury that I have examined this statement including the schedules and statements attached thereto, if any and to the best of my knowledge and belief the matters and information set forth therein are true, correct, and complete. I further certify that I am authorized to sign for the producer identified on Line 1 above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Surplus Lines Producer

\_\_\_\_\_  
Name and Title  
(Print or Type)

SLPS-1-TAX 4/93 (REV 12/17/92)



**SCHEDULE SHOWING FIRE PREMIUMS AND TAXES PAYABLE**

SLA				
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Producer Name \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

[illegible]

SLPS-2-FRA 103

SLA #				
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SCHEDULE TO SUPPORT TAX RETURNS

Page \_\_\_\_ of \_\_\_\_

1 2 3 4 Quares, 19\_\_\_\_  
(circle one)

Producer Name \_\_\_\_\_

[illegible]

SLPS-TPS 193

STATE OF NEW JERSEY  
DEPARTMENT OF INSURANCE  
THE SURPLUS LINES EXAMINING OFFICE  
20 West State Street, CN 325, Trenton, NJ 08625-0325

For Official Use Only

SLA #

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QUARTERLY SURCHARGE STATEMENT

MAIL TO:

NEW JERSEY SURPLUS LINES INSURANCE GUARANTY FUND  
P.O. Box 1303, Cranford, New Jersey 07016-1303

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For the 1 2 3 4 Quarter, 15 \_\_\_\_  
(circle one)

1. Name of Surplus Lines Producer: \_\_\_\_\_
2. Street Address: \_\_\_\_\_
3. City, State: \_\_\_\_\_ Zip Code \_\_\_\_\_
4. Telephone #: (\_\_\_\_) \_\_\_\_\_  
(area code)
5. New Jersey new premiums written during quarter \$ \_\_\_\_\_
6. New Jersey additional premiums written during quarter (+) \$ \_\_\_\_\_
7. New Jersey return premiums written during quarter (-) \$ (\_\_\_\_\_) \_\_\_\_\_
8. Total New Jersey Net Premiums (Line 5) + (Line 6) - (Line 7) \$ \_\_\_\_\_
9. Surcharge amount due (4% of Line 8) \$ \_\_\_\_\_
10. Interest received on deposits \$ \_\_\_\_\_
11. Total surcharges and interest due (Line 9) + (Line 10) \$ \_\_\_\_\_

- Remit amount on Line 11 payable to "NJ Surplus Lines Insurance Guaranty Fund".
- Send check with copy of this statement to the Association at P.O. Box 1303, Cranford, New Jersey 07016-1303.
- An additional copy of this statement, together with a photocopy of your check, should be attached to your Quarterly Premium Tax Return that is mailed to the Surplus Lines Examining Office.

"Trust Account # \_\_\_\_\_ is established at the following financial institution:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

CERTIFICATION

I declare under penalties of perjury that I have examined this statement including the schedules and statements attached thereto, if any, and to the best of my knowledge and belief the matters and information set forth therein are true, correct, and complete. I further certify that I am authorized to sign for the producer identified on Line 1 above.

\_\_\_\_\_  
Signature of Surplus Lines Producer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title  
(Print or Type)

SLPS-4-GFS 4/93 (REV 12/17/92)